REFERENCE REQUEST F	OR:		
You must enter your full name before	e you give this form to yo	our reference for completion.	
The above named person has su reference statement on his/her b		n for the Trustline Registry.	. This person has selected you to write a
If you are related to this perso	n in any way, please	do not complete this refer	rence statement.
Please complete the entire form.	Your honest reply will	I help us ensure high quality	, license-exempt child care.
YOUR NAME			
STREET ADDRESS			
СІТУ	STATE	ZIP CODE	DAY TIME PHONE NUMBER
1. How long have you known the	e person you are writin	ng this reference for?	·
2. How do you know this person	n?		
3. Please give your opinion of the	nis person's character?		

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4. Please describe any interaction you have observed between this person and children.
5. Please add any comments you feel are relevant about this person and his/her desire to care for children.
PRINT YOUR NAME
YOUR SIGNATURE
DATE